

NAVY ADVANCED RACING CAMP APPLICATION

Applicant Name: _____

Email Address: _____

Age (at camp): 13 14 15 16 17 18 Birth date _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____

Parent/Guardian Name: _____

Daytime Ph: (_____) _____ Evening Ph: (_____) _____

Parent's Email Address: _____

T-shirt (please circle one): Small Medium Large X-Large

Check one: _____ Overnight Stay (Limited space): June 18 - June 21 (\$495)
_____ Day Student: June 18 - June 21 (\$395)

Roommate Request: _____

SAILING BACKGROUND INFORMATION

Club or High School: _____

Coach's Name: _____

Years of Team / Match Race Experience: _____

Recent Team / Match Racing Results: _____

DATE	REGATTA	BOAT	FINISH	SKIPPER/CREW

METHOD OF PAYMENT

A deposit of \$100 is required to hold a confirmed place in the camp.

Amount Enclosed: _____ Check #: _____

Visa/Mastercard #: _____

Expiration Date: _____

RETURN APPLICATION TO:

Robert Crown Sailing Center - **Attn:** Coach Gavin O'Hare

U.S. Naval Academy - 601 Brownson Road

Annapolis, MD, 21402

Email: ohare@usna.edu

Fax: 410.293.5233

MEDICAL INFORMATION

Applicant's Name: _____

MEDICAL TREATMENT AUTHORIZATION

I/We being the legal guardian(s) of the above applicant, authorize the Navy Sailing Camp and its agents permission to request medical treatment as necessary to insure the well being of the applicant.

_____ (Parent or Guardian Signature)

INSURANCE: Coverage for accidental injury is required by all participants. Please complete the health care information below:

HEALTH INSURANCE CARRIER: _____

POLICY NUMBER: _____

I approve of my child's attendance at the Navy Sailing Camp and certify that he/she is in good health and able to participate in the program activities. I (am/am not) attaching a statement explaining special physical limitations and/or required medication. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration of the Navy Sailing Camp accepting this application, I/we hereby agree to save and indemnify and keep harmless the Navy Sailing Camp, its agents, and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of the Navy Sailing Camp.

_____ (Parent or Guardian Signature)

THE PARTICIPANT AND HIS OR HER PARENTS MUST ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:		ALLERGIES:	
ASTHMA, OR OTHER RESPIRATORY PROBLEMS		MEDICATION	
DIABETES OR HYPOGLYCEMIA		BEE STINGS/INSECT BITES	
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS		FOODS	
CIRCULATORY OR HEART PROBLEMS		OTHERS, IF SIGNIFICANT	
EPILEPSY			

DATE OF LAST TETANUS SHOT: _____ BLOOD TYPE: _____

CURRENT MEDICATIONS, IF ANY: _____

DETAILS: _____

PLEASE MAKE SURE YOU HAVE FILLED IN ALL THE NECESSARY INFORMATION